



**DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIVISION OF ENVIRONMENTAL HEALTH
CHILD CARE FACILITY
INSPECTION REPORT**

REASON	GRADE	Inspection Date:	ESTABLISHMENT NAME:	
Regular <input checked="" type="checkbox"/>	14	6/20/18	MILESTONES PLAY & LEARN CENTER	
Follow-Up <input type="checkbox"/>		Time In/Out:	OWNER/OPERATOR:	
Complaint <input type="checkbox"/>		10:20 AM 12:15 PM	ROSARIO, RON PIERZ	
Investigation <input type="checkbox"/>	RATING	Sanitary Permit No.:	LOCATION: 101-103 JRG	Establishment Type:
Other: <input type="checkbox"/>	C	20000-170003054	COMMERCIAL CTR. HAGATNA	CCC/NURSERY
			PERMIT STATUS: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Temporary <input type="checkbox"/> Expired	
No. of Children: 23 Male 24 Female 47 Total			Child Care License: No.: 160110 <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Provisional <input type="checkbox"/> Expired	

The following items identify violations found this day in the operations and facilities which must be corrected by the next inspection or sooner as the Department indicates. Non-compliance may result in downgrading or permit suspension. To appeal a written request for hearing must be submitted before the indicated correction date.

ITEM*	REMARKS	DEMERIT	CORRECT BY
	A REGULAR INSPECTION WAS CONDUCTED.		
	PREVIOUS INSPECTION CONDUCTED ON 3/14/18 (10, A)		
	THE FOLLOWING REPEAT VIOLATIONS WERE OBSERVED:		
17	PAINT PEELING & LOWER AREA OF WALL IN CLASSROOM #2 IN DISREPAIR. ALL WALLS & CEILINGS SHALL BE KEPT IN GOOD REPAIR TO PREVENT PHYSICAL HAZARDS.	2	
18	SELF-CLOSING DEVICE BROKEN ON KITCHEN EXIT DOOR. ALL OPENINGS SHALL BE MAINTAINED IN GOOD REPAIR TO PREVENT PEST ACCESS.	2	
21	NO HOT WATER PROVIDED FOR HANDSINKS THROUGHOUT FACILITY. HOT WATER SHALL BE PROVIDED TO PROMOTE PROPER HANDWASH HYGIENE.	6	

I have read and understand the above violation(s) and I am aware of the corrective measures to be taken.

*Note: When any of the following items are cited above, they shall be corrected within 10 days of this inspection:
(2), (4), (6), (14), (21), (23), (24), (27), (28), (39) & (40).

Received By (Name & Title):

SARAH PAULINO
DEH Inspector (Name & Title):

J. GARCIA EPHO 1



**DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIVISION OF ENVIRONMENTAL HEALTH
CHILD CARE FACILITY
INSPECTION REPORT**

REASON		GRADE	Inspection Date:	ESTABLISHMENT NAME:	
Regular	<input checked="" type="checkbox"/>	14	6/20/18	MILESTONES PLAY & LEARN CENTER	
Follow-Up	<input type="checkbox"/>		Time In/Out:	OWNER/OPERATOR:	
Complaint	<input type="checkbox"/>		10:20 AM 12:15 PM	ROSARIO, RON PIER Z	
Investigation	<input type="checkbox"/>	RATING	Sanitary Permit No.:	LOCATION: 101-103 J & G	Establishment Type:
Other:	<input type="checkbox"/>	C	20000-17000305	COMMERCIAL CTR. HAGAYNA	CCC / NURSERY
			PERMIT STATUS: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Temporary <input type="checkbox"/> Expired		
No. of Children: 23 Male 24 Female 47 Total			Child Care License: No.: 160110 <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Provisional <input type="checkbox"/> Expired		

The following items identify violations found this day in the operations and facilities which must be corrected by the next inspection or sooner as the Department indicates. Non-compliance may result in downgrading or permit suspension. To appeal a written request for hearing must be submitted before the indicated correction date.

ITEM*	REMARKS	DEMERIT	CORRECT BY
	THE FOLLOWING NEW VIOLATIONS WERE OBSERVED:		
29	DEAD COCKROACH OBSERVED IN CLASSROOM	2	
	STORAGE. EVIDENCE OF FRASS OBSERVED. NO		
	LIVE ACTIVITY OR PRESENCE OF EGGS OBSERVED.		
	BOTH INDOOR & OUTDOOR AREAS SHALL BE		
	ADEQUATELY PROTECTED & MAINTAINED TO PREVENT		
	THE HARBORAGE OF PESTS.		
31	KITCHEN SINK OBSERVED WITH LEAKING ACTIVITY	2	
	NEAR FAUCET HANDLES AS WELL AS UNDERNEATH		
	IT. BROKEN POTTED PLANT OBSERVED IN OUTDOOR		
	PLAY AREA.		
	ALL EQUIPMENT SHALL BE MAINTAINED IN GOOD		
	REPAIR TO PREVENT POTENTIAL PHYSICAL HAZARDS		
	& THE ACCUMULATION OF WASTEWATER IN		
	THE ESTABLISHMENT, WHICH MAY CREATE OTHER		
	HEALTH HAZARDS.		

I have read and understand the above violation(s) and I am aware of the corrective measures to be taken.

*Note: When any of the following items are cited above, they shall be corrected within 10 days of this inspection:

(2), (4), (6), (14), (21), (23), (24), (27), (28), (39) & (40).

Received By (Name & Title):

SARAH DAMIANO

DEH Inspector (Name & Title):

J. GARCIA

EPHO 1



**DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIVISION OF ENVIRONMENTAL HEALTH
CHILD CARE FACILITY
INSPECTION REPORT**

REASON		GRADE 14	Inspection Date: 6/20/18		ESTABLISHMENT NAME: MILESTONES PLAY & LEARN CENTER	
Regular	✓		Time In/Out: 10:20 AM 12:15 PM		OWNER/OPERATOR: ROSARIO, RON PIERZ	
Follow-Up						
Complaint			RATING C		LOCATION: 101 -103 J&G Establishment Type: COMMERCIAL CTR. MAGNIA CCC / NURSERY	
Investigation		Sanitary Permit No.: 20000-17000305		PERMIT STATUS: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Temporary <input type="checkbox"/> Expired		
Other:		No. of Children: 23 Male 24 Female 47 Total		Child Care License: No.: 160110 <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Provisional <input type="checkbox"/> Expired		

The following items identify violations found this day in the operations and facilities which must be corrected by the next inspection or sooner as the Department indicates. Non-compliance may result in downgrading or permit suspension. To appeal a written request for hearing must be submitted before the indicated correction date.

[illegible]

I have read and understand the above violation(s) and I am aware of the corrective measures to be taken.

*Note: When any of the following items are cited above, they shall be corrected within 10 days of this inspection:
2), (4), (6), (14), (21), (23), (24), (27), (28), (39) & (40).

Received By (Name & Title):

SARAH DANZINO
DEH Inspector (Name & Title):

J. GARCIA EPHU)